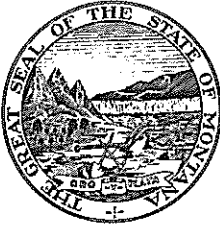


DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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September 13, 2005

Eleanor Jacobs, President  
Board of Directors  
Counterpoint Inc.  
116 East Lewis  
Livingston, MT 59047

Dear Ms. Jacobs,

Following is my Quality Assurance Final Report with of Counterpoint Inc. It is a pleasure working with such a conscientious and professional staff as is present at Counterpoint Inc. Please feel free to call me if you have any questions concerning this report. I am available to assist any way as to further facilitate the delivery of quality and compassionate services.

Sincerely,

*Brad Johnson*

Brad Johnson, M.S.  
Quality Improvement Specialist

cc: David Eaton, Executive Director, Counterpoint Inc.  
Jeff Sturm, Administrator, DDP  
Tim Plaska, Community Services Bureau Chief, DDP  
Larry Lovelace, Region IV Manager, DDP  
John Zeeck, Quality Assurance, DDP  
Perry Jones, Medicaid Waiver, DDP

## QUALITY ASSURANCE REVIEW – FINAL REPORT

Counterpoint Inc.

January 1, 2004 – June 30, 2005

### General Areas

#### A. ADMINISTRATIVE

**Significant Events from the agency** – Several changes (moves) in long-term clientele presented challenges. Also weathered financial challenges due to worker's compensation rates, long-term consumer service openings...

**Policies & administrative (DDP) directives** – A review of the policy manual indicates that all required policies are in place. Counterpoint administration is in the process of incorporating the new Incident Management policy and has requested technical assistance from DDP.

**Licensing** – Both the Milky Way and Ninth Street groups are currently licensed through 4/30/06. Minor violations noted in fire marshal and sanitation reports were corrected in a very timely manner.

**Accreditation** – CARF Accreditation is set to expire in November of 2005. Since DDP is no longer requiring accreditation, Counterpoint has chosen not to renew.

**Agency internal communication systems** – There are good internal communication systems with logbooks going between the vocational center and the residences.

**Fiscal (results of A133 audit, referrals to Medicaid Fraud or QAD review, client funds & record keeping)**. The last Desk Review of Audit Report done by DPHHS was on March 23, 2005. The audit report was acceptable, the opinions on the financial statements were unqualified and there were no findings or questioned costs in the report. There were no referrals to the Medicaid Fraud Bureau nor were there any Quality Assurance Division reviews.

**Appendix I** – Due to the new porting process and consumer changes, modifications were made to staffing schedules of both residences with the approval of DDP. There were no special circumstances presented in Appendix I.

### Specific Services Reviewed

#### A. Residential

**Accomplishments** – See above

**Programmatic Deficiencies** – None noted

**Corrections to Deficiencies** - NA

##### i. HEALTH AND SAFETY

**Vehicles** – Counterpoint has procedures in place for vehicle maintenance. (See Transportation section)

**Consumers** – Consumer safety is addressed by the way of house rules of conduct. Consumers (for those for whom it is appropriate) are offered training in safety skills such as calling 911 and recognizing emergencies. There are a wide range of procedures in place for maintaining the health and safety of residential consumers.

**Medication Safety (psychotropic medications, training, programs, prns, certification, errors)** - Counterpoint has procedures for the use of psychotropic medications that include a review by a psychiatrist annually. There are procedures for when to administer PRNs, there are physician signoffs on traditional PRNs (over-the-counter medications). All staff are required to be Med Certified. In tracking medication errors, this reviewer noted 40 med errors in calendar year 2004, 23 of which appeared to be

staff error. Counterpoint self-reported 41 errors. For the first half of 2005, there were 23 med errors recorded with 17 appearing to be staff error. Counterpoint administered 61, 935 doses of medication in calendar year 2004. This computes to an error rate of .000662%. There were two instances of a non-certified staff administering meds and personnel action was taken. There is ample evidence that Counterpoint administration staff is working diligently to reduce med errors through policies, procedures, structure, training, and supervision.

**Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)**

*Milky Way Group Home* – There were six unannounced on-site visits and five phone staffing ratio checks in calendar year '04. With the change to quarterly monitoring, there was one unannounced visit, one announced visit and two telephone staffing ratio checks. There were no contract issues during any of these visits. An in-depth review was conducted on 6/17/05. Fire evacuation and earthquake drills were satisfactory. There was good documentation of the checking of safety appliances (evacuation lights, CO and smoke detectors and fire alarms). A review of the medications logs during visits did not reveal any deficiencies. Water temperature during this review was 120°. *Minor maintenance items include weeds in the window exit and a hole in the ground by the stairway outside. It was also suggested that a roller be used to level the lawn in the interest of consumer safety.* Otherwise the facility was clean and well maintained.

*Ninth Street Group Home* - There were five unannounced on-site visits and six phone staffing ratio checks in calendar year '04. With the change to quarterly monitoring, there was one unannounced visit, one announced visit and two telephone staffing ratio checks. There were no contract issues during any of these visits. An in-depth review was conducted on 6/17/05. Fire evacuation and earthquake drills were satisfactory. There was good documentation of the checking of safety appliances (evacuation lights, CO and smoke detectors and fire alarms). A review of the medications logs during visits did not reveal any deficiencies. Water temperature during this review was 100°. This facility was very clean and well maintained.

*Supported Living* – The consumer selected for this review is a very private individual and does not allow visitors to his apartment. SL staff do assist with his residence and bring any safety concerns to the IP team.

## **ii. SERVICE PLANNING AND DELIVERY**

**Individual Planning (Assessment, implementation, monitoring)** IP notes and supporting documents were reviewed for five consumers receiving residential services. There was ample documentation assessments completed and summarized by staff. *It should be noted that the name of the staff completing assessments or summaries should be on the document and the date as well.* Objectives were implemented and documented in quarterly reports to the respective case managers. From the review of those consumers selected, it appeared that they were healthy, receiving good medical care and had meaningful lives, that things were going very well for them.

**Leisure / Recreation** – There was ample evidence in IP documents, assessments and activity logs that a wide variety of leisure and recreational activities were presented and participated in by the consumers reviewed.

**Client Rights (restrictions/promotion of rights, grievance procedure)** – There were no rights restrictions imposed on the consumers in the survey. Counterpoint has a history of promoting client rights and individual choice. Administratively, they have been very forthcoming in following through with the consumer grievance procedure.

**Medical / health care** – It was apparent from the IP documents, incident reports and other sources, that consumers received timely medical and health care. If there are med errors, the physician, pharmacist or emergency room are called to seek advice.

**Emotionally Responsible Care Giving** – There is evidence of an attitude of emotionally responsible care giving in the corporation values and mission statement. This is referred to at every general staff meeting. This type of care giving is also evidence in the staff orientation packet under the "Principles and Procedures" section. Topics include "Normalization/Full Inclusion", "Community-based Experience/Integration", "Zero-Inference", "Natural Proportions", ...

**Consumer satisfaction surveys are complete with no unanswered questions. Surveys are attached to IP/PSP.** Of the IP documents in the survey, all had a consumer satisfaction survey completed. There was no indication of any difficulties experienced by the consumers surveyed. (See below for more details)

**Agency's consumer satisfaction surveys:** Counterpoint relies on information supplied by case management for their consumer satisfaction surveys. (This will change as Counterpoint will no longer have access to the case manager's consumer surveys.) These are reported on in their annual report. In the 2004 Annual Report, it was reported that there was 97% rate of satisfaction in the case management surveys. Counterpoint committed to following up with the dissatisfied survey respondents and responding accordingly. Counterpoint also surveys the various stakeholders associated with their residential services (advocates, parents) and a 92% satisfaction rate was reported for this group.

### iii. STAFFING

**Screening/Hiring:** There is an extensive screening and hiring process in place at Counterpoint. Four residential staff were selected who had been at Counterpoint a year or less for review. Counterpoint conducts 3 separate background checks for each new hire. All four staff had appropriate background checks and there were no concerns. Driver's licenses are also checked for expiration. Staff must also be insurable via Counterpoint's insurance policies.

**Orientation/training** – There is an extensive orientation curriculum that new hires are required to complete. The topics include: "Employee Safety Orientation", "Hazards Communication Review", "Exposure Control", "Incident Reporting", "Employee Orientation", "Developmental Disabilities", "Personnel Policies", and "Job Description". Staff also complete the driving curriculum, first aid and CPR, and obtain Meds Certification. Residential staff also complete a residence orientation relating to the facility itself as well as an orientation geared towards each individual consumer that they will be working with. Staff who need to be per policy are enrolled in the CPT curriculum.

**Ratios** – There were no issues with staffing ratios during any of the on-site visits, telephone surveys or the review of staff time sheets.

**Staff Surveys** – Counterpoint conducts satisfaction surveys with its staff. It was reported in the 2004 Annual Report that there was a 92.75%

satisfaction rate among the staff working at Counterpoint in residential services. Staff turnover in 2004 in residential services was 50%.

#### iv. INCIDENT MANAGEMENT

**APS** – There were no referrals to APS regarding CP staff during this time period.

**Incident Reporting** – One QAOS was issued for failure to report to DDP, 6/21/04 (consumer incarceration). Response received 7/14/04, DDP satisfied with response.

**Critical Incident Investigations** – None since implementation of Incident Management Policy.

### B. Work/Day/Community Employment

**Accomplishments** (see above)

**Programmatic Deficiencies** – None noted

**Corrections to Deficiencies** - NA

#### i. HEALTH AND SAFETY

**Vehicles** - Counterpoint has a vehicle maintenance program in place. (See Transportation section)

**Consumers** – Consumers are assessed for safety in the community and provided training if warranted. This can include street crossing, bicycle safety, exploitation defenses...

**Medication Safety (psychotropic medications, training, programs, prns, certification, errors)** – (See residential section, same topic) Med errors reported above are not broken down by service.

**Sites (appearance, evacuation drills, emergency back-up, etc.)** – This reviewer is in the Vocational Center on a regular basis. The facility is clean and well maintained. There is currently a capital campaign underway to fund complete roof replacement. This is an old facility that has been continuously updated and upgraded. It is in a good downtown location with many businesses located close by.

#### ii. SERVICE PLANNING AND DELIVERY

**Individual Planning (Assessment, implementation, monitoring)** - IP notes and supporting documents were reviewed for three consumers receiving vocational services (intensive, day, supported employment). There was ample documentation assessments completed and summarized by staff. *It should be noted that the name of the staff completing assessments or summaries should be on the document and the date.* Objectives were implemented and documented in quarterly reports to the respective case managers. From the review of those consumers selected, it appeared that they were healthy, receiving good medical care, had meaningful lives, and that things were going very well for them.

**Leisure / Recreation** – Counterpoint encourages good exercise, participates heavily in the Eagle Mount Recreation Program and assist some consumers to participate in Special Olympics. Many consumers have had assistance in taking vacations, either independently or with staff assistance.

**Client Rights (restrictions/promotion of rights, grievance procedure)** There were no rights restrictions in place for the three individuals reviewed. Clients rights are reviewed annually with each consumer.

**Medical / health care** – A review of IP documents indicate that the consumers are receiving prompt health care when needed. There are exercise machine workouts and aerobics at the work center on a daily basis.

**Emotionally Responsible Care Giving** – (see residential section, same topic).

**Consumer Surveys:** Consumer satisfaction surveys are complete with no unanswered questions. Surveys are attached to IP/PSP. Of the IP documents in the survey, all had a consumer satisfaction survey completed. There was no indication of any difficulties experienced by the consumers surveyed.

**Agency's consumer satisfaction surveys:** Counterpoint relies on information supplied by case management for their consumer satisfaction surveys. (This will change as Counterpoint no longer has access to the case manager's consumer surveys.) These are reported on in their annual report. In the 2004 Annual Report, it was reported that there was 97% rate of satisfaction in the case management surveys. Counterpoint committed to following up with the dissatisfied survey respondents and responding accordingly. Counterpoint also surveys the various stakeholders associated with their vocational services (advocates, parents) and a 93% satisfaction rate was reported for this group.

### **iii. STAFFING**

**Screening/Hiring** - There is an extensive screening and hiring process in place at Counterpoint. Three vocational staff were selected who had been at Counterpoint a year or less for review. Counterpoint conducts 3 separate background checks on each new hire. All three staff had appropriate background checks and there were no concerns. Driver's licenses are also checked for expiration. Staff must also be insurable via Counterpoint's insurance policies.

**Orientation/training** - (See residential section above, same topic)

**Ratios** - There were no issues with staffing ratios during any of the on-site visits, telephone surveys or the review of staff time sheets.

**Staff Surveys** - Counterpoint conducts satisfaction surveys with its staff. It was reported in the 2004 Annual Report that there was a 90% satisfaction rate among the staff working at Counterpoint in the Vocational Center. Staff turnover in 2004 in Vocational Center services was 44%. Staff satisfaction in Community Employment services was reported as being 94% and staff turnover was 50% in 2004.

### **iv. INCIDENT MANAGEMENT**

**APS** - There were no referrals to APS regarding CP staff during this time period.

**Incident Reporting** – No concerns.

**Critical Incident Investigations** - None since implementation of Incident Management Policy.

## **c. Community Supports**

Counterpoint was serving one person with community supports services but that person left the service earlier this year and thus it was not reviewed.

## **D. Transportation**

### **Accomplishments**

Counterpoint has a draft of a Fleet Management Program which covers the DDP requirements for transportation. This outlines procedures for daily trip inspections, monthly inspections, service intervals and vehicle replacement. This is still a work in progress. There is evidence of good follow-up with necessary maintenance. Staff do receive training in vehicle operation, are checked for insurability, and licenses are checked by management staff. There is a Driver Safety Instruction Manual and a certification quiz that staff must pass. There is an actual driving portion of the training as well.

### **Programmatic Deficiencies**

*Records did not substantiate monthly inspections. Average was about every other month. Other suggestions are that maintenance forms should have a complete date on them (month, day and year) and the actual tire pressure should be recorded instead of just checked off.*

**Corrections to Deficiencies:** Per executive director, maintenance checks are now being done monthly. Will be checked periodically by QIS.

## **Conclusion**

**Findings Closed - None**

**Findings Open / Plan of Correction - None**

*Brad Johnson*

Brad Johnson, M.S.

Quality Improvement Specialist